and conclusions of the July 2001 report by Resources for the Future, ''Superfund's Future, What Will it Cost,'' that a ''ramp-down'' of the Superfund program is not imminent and that the total estimated cost to EPA of implementing the Superfund program from FY 2000 through FY 2009 ranges from $14 billion to $16.4 billion.

Therefore, to meet the goals of the cleanup program, to remain true to the polluter pays principle, and to finance the needed liability reforms, Congress should reauthorize the corporate environmental income tax, which expired on December 31, 1995. This broad-based tax of .12% of all corporate income above $2 million could generate needed funds in a fair and responsible manner. Contrary to what some might believe, the oil industry would not pay a disproportionate amount. For example, in 1995 oil companies paid $37.7 million in corporate environmental income taxes, only 5.3 percent of the total amount collected in that year.

In response to my request, the Joint Committee on Taxation estimated on September 24, 2001 that a re-imposed corporate environmental income tax would generate over $3 billion over a 5-year period. This is exactly the type of revenue needed for a program that continues to deliver public health, environmental, and economic development benefits.

Mr. Speaker, I urge my colleagues not only to support passage of H.R. 2869 today but to work towards enactment of broader Superfund reform, including reauthorization of the expired corporate environmental income tax.

Mrs. WILSON of New Mexico. Mr. Speaker, I rise today to express my concern about legislation that the House passed by voice vote early this morning H.R. 2869, the ''Small Business Liability Relief and Brownfields Revitalization Act.''

Brownfields redevelopment effectively marries the principles of economic development and environmental protection by slowing the developing of open space by presenting property owners and developers with access to brownfields sites located in desirable locations, with existing infrastructure and affordable pricing. While I am a strong supporters and advocate of brownfields clean up, I am dishearten that H.R. 2869 did not go further to address the entire brownfields problem in this country.

The Environmental Protection Agency (EPA) estimates that approximately one half of the 450,000 brownfields sites in this country are contaminated with some type of petroleum pollution. Unfortunately, H.R. 2869 ignored petroleum-contaminated sites by only including a liability exemption for brownfields sites contaminated with a ''hazardous substance'' as defined under the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA). Petroleum contamination, which is not considered a ''hazardous substance'' under CERCLA, is regulated under the Resource Conservation and Recovery Act (RCRA). While H.R. 2869 does include federal grant money for a very specific set of petroleum contaminated sites, I fear that these grants alone will not be an incentive to spur the clean up of petroleum brownfields sites. Without a RCRA liability exemption for petroleum contaminated sites, only half of the brownfields sites in this country have the potential to be redeveloped.

It is my sincere hope that H.R. 2869 only represents a beginning of our intent to address brownfields redevelopment. I hope this Congress will address liability protection for petroleum-contaminated brownfields sites next year so we can truly address the entire brownfields problem in this country. I look forward to working with the leadership and the committees to make comprehensive brownfields redevelopment a reality.

Mr. DINGELL. Mr. Speaker, I am an original co-sponsor of H.R. 2869. This bill combines the brownfields provisions of S. 350 that unanimously passed the Senate on April 25, 2001, and the small business liability protection provisions of H.R. 1831 that unanimously passed the House on May 22, 2001. This bill is a good piece of legislation. It deserves the support of all members.

In the past two Congresses, members on this side of the aisle have put forward, and strongly supported, stand-alone brownfields legislation and targeted relief for small business. Those policies are contained in this bill. The passage of this legislation will help revitalize and redevelop our communities. Using the provisions of this bill, local governments will be able to obtain increased funding and remove urban eyesores and create new jobs. At the same time, risks to the public health from petroleum and hazardous substances contamination will also be addressed at these lesser-contaminated brownfield sites.

In the Detroit metropolitan area alone, which has been home to our country's industrial strength for over 100 years, brownfields cover tens of thousands of acres of lands once occupied by mighty manufacturing facilities and thriving communities. Brownfields development is occurring in Michigan communities like Taylor and Monroe, as local governments, developers, and citizens are finding creative ways to rebuild our communities.

This bill maintains the policies of EPA's current and very successful brownfields program. Adoption of this brownfields legislation is a top priority for our Nation's mayors, who have testified that it meets all of their fundamental needs.

I congratulate Subcommittee Chairman GILLMOR, Ranking Member PALLONE, and our former Ranking Member from New York, Mr. TOWNS, for their hard work over several years on this important legislation.

I strongly urge adoption of H.R. 2869 as amended.

Mr. DUNCAN. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Ohio (Mr. GILLMOR) that the House suspend the rules and pass the bill, H.R. 2869, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

NATIVE AMERICAN BREAST AND CERVICAL CANCER TREATMENT TECHNICAL AMENDMENT ACT OF 2001

Mr. GILLMOR. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1741) to amend title XIX of the Social Security Act to clarify that Indian women with breast or cervical cancer who are eligible for health services provided under a medical care program of the Indian Health service or of a tribal organization are included in the optional medicaid eligibility category of breast or cervical cancer patients added by the Breast and Cervical Cancer Prevention and Treatment Act of 2000.

The Clerk read as follows:

S. 1741

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2001''.

SEC. 2. CLARIFICATION OF INCLUSION OF INDIAN WOMEN WITH BREAST OR CERVICAL CANCER IN OPTIONAL MEDICAID ELIGIBILITY CATEGORY.

(a) TECHNICAL AMENDMENT.—The subsection (aa) of section 1902 of the Social Security Act (42 U.S.C. 1396a) added by section 2(a)(2) of the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106–354; 114 Stat. 1381) is amended in paragraph (4) by inserting '', but applied without regard to paragraph (1)(F) of such section'' before the period at the end.

(b) BIPA TECHNICAL AMENDMENTS.—

(1) Section 1902 of the Social Security Act (42 U.S.C. 1396a), as amended by section 702(b) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (114 Stat. 2763A–572) (as enacted into law by section 1(a)(6) of Public Law 106–554), is amended by redesignating the subsection (aa) added by such section as subsection (bb).

(2) Section 1902(a)(15) of the Social Security Act (42 U.S.C. 1396a(a)(15)), as added by section 702(a)(2) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (114 Stat. 2763A–572) (as so enacted into law), is amended by striking ''subsection (aa)'' and inserting ''subsection (bb)''.

(3) Section 1915(b) of the Social Security Act (42 U.S.C. 1396n(b)), as amended by section 702(c)(2) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (114 Stat. 2763A–574) (as so enacted into law), is amended by striking ''1902(aa)'' and inserting ''1902(bb)''.

(c) EFFECTIVE DATES.—

(1) BCCPTA TECHNICAL AMENDMENT.—The amendment made by subsection (a) shall take effect as if included in the enactment of the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106–354; 114 Stat. 1381).

(2) BIPA TECHNICAL AMENDMENTS.—The amendments made by subsection (b) shall take effect as if included in the enactment of section 702 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (114 Stat. 2763A–572) (as enacted into law by section 1(a)(6) of Public Law 106–554).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Ohio (Mr. GILLMOR) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Ohio (Mr. GILLMOR).

GENERAL LEAVE

Mr. GILLMOR. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative day within

which to revise and extend their remarks and include extraneous material on this legislation.

The SPEAKER pro tempore. Is their objection to the request of the gentleman from Ohio?

There was no objection.

Mr. GILLMOR. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of S. 1741, the Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2001.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am also in support of the legislation. While this bill is technical in nature, it does basically fill a vacuum and it offers real benefits to low income Native American women who are diagnosed with breast or cervical cancer.

Basically what happened is that in a bill that was passed last year, the interpretation of it has been made so that it excludes Native American women have Medicaid coverage. The legislation today would resolve this problem by clarifying that they would indeed come under the coverage of that initial legislation.

I would point out that Native American and Alaskan Native women have a higher incidence of breast and cervical cancer than the U.S. population generally. So it really is important that we enact this bill to ensure that they receive needed assistance.

The Senate already passed the legislation by unanimous consent. It is supported by a number of health care groups. And I just again want to extend my appreciation and recognition to the lead sponsor, the gentleman from New Mexico (Mr. TOM UDALL) and also commend the gentlewoman from California (Ms. ESHOO) who worked tirelessly on this.

Mr. Speaker, I yield back the balance of my time.

Mr. GILLMOR. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I just want to point out I do want to express my appreciation to the tremendous work that our staff did on the previous legislation we passed.

Mr. PALLONE. Mr. Speaker, I am pleased to speak today in support of S. 1741, the ''Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2001.'' This legislation makes a simple but extremely important technical change to the ''Breast and Cervical Cancer Treatment and Prevention Act'' to improve the coverage of breast and cervical cancer treatment for American Indian and Alaska Native women.

The Breast and Cervical Cancer Treatment Act—which Congress passed last year—gives States the option to extend coverage to certain women who have been screened by programs operated under the National Breast and Cervical Cancer Early Detection program of the Public Health Service Act and who have no ''creditable coverage.'' The term ''creditable coverage'' was established by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Under the HIPAA definition, creditable coverage includes a reference to the medical care program of the Indian Health Service (IHS). In short, the reference to ''creditable coverage'' in the law effectively excludes Indian women from receiving Medicaid breast and cervical cancer treatment as provided for under this act.

The Indian health reference to IHS/tribal care was originally included in HIPAA so that members of Indian tribes eligible for IHS would not be treated as having a break in coverage simply because they had received care through Indian health programs, rather than through a conventional health insurance program. Thus, in the HIPAA context, the inclusion of the IHS/tribal provision was intended to benefit American Indians and Alaska Natives, not penalize them.

However, use of the HIPAA definition in the recent ''Breast and Cervical Cancer Treatment and Prevention Act'' has the exact opposite effect. In fact, the many Indian women who rely on IHS/tribal programs for basic health care are excluded from the new law's eligibility for Medicaid. Not only does the definition deny coverage to Indian women, but the provision runs counter to the general Medicaid rule treating IHS facilities as full Medicaid providers.

While American Indian and Alaska Native women have a higher incidence of breast and cervical cancer than the U.S. population generally, many Indian women with these conditions will be left with fewer resources to fight breast and cervical cancer because of their exclusion from the new Medicaid coverage option.

This bill, S. 1741, would resolve these problems by clarifying that, for purposes of the ''Breast and Cervical Cancer Prevention and Treatment Act,'' the term ''creditable coverage'' shall not include IHS-funded care so that American Indian and Alaska Native women can be covered by Medicaid for breast and cervical cancer treatment. Since a number of states are currently moving forward to provide Medicaid coverage under the state option, the need for this legislation is immediate to ensure that American Indian and Alaska Native women are not denied from receiving life-saving breast and cervical cancer treatment.

Up to 40 States have either taken the option and have been granted a Medicaid state plan amendment by HHS already or are in the process of filing a Medicaid state plan amendment to provide coverage to low-income for breast and cervical cancer treatment as a result of the passage of last year's bill. Unfortunately, in all of those states, Native American women may be ineligible for coverage unless we take up this technical correction. Time is of the essence to pass this legislation so that Native American women are appropriately provided treatment for their breast and cervical cancer as States begin implementing this law.

I am pleased today, that we are taking action on this bill. When the time comes for a vote, I urge all of my colleagues to support it and I hope that we may pass this bill before the end of the year.

Mr. WATTS of Oklahoma. Mister Speaker, it is a fact that American Indian and Alaska Native women have a higher incidence of breast and cervical cancer than the general population of the United States.

Unfortunately, many of these women who are at a higher risk of breast and cervical cancer are also without the life-saving care they need. This is due to the fact that American Indian and Alaska Native women are eligible for breast cancer diagnosis coverage, but not medical treatment.

American Indian and Alaska Native women need the option for more advanced care. The legislation before the House today would improve the coverage of breast and cervical cancer treatment for these Americans by putting them on equal footing with other low-income citizens eligible for Medicaid.

Mister Speaker, breast and cervical cancer can be the worst nightmares thinkable for women. Thankfully, this Congress has made health care and medical research a top priority—promoting increased health care benefits, empowering patients to get the best care possible and generously funding disease research.

By correcting the system to allow American Indian and Alaska Native women the treatment they need with respect to breast and cervical cancer, we will aid these who need help the most. I thank my colleagues for their work on this important issue and urge passage of the legislation.

Mr. HAYWORTH. Mr. Speaker, I rise today to express my support for the Native American Breast and Cervical Cancer Treatment Technical Amendment Act.

I am a cosponsor of this important legislation that would make a simple but extremely technical change to the ''Breast Cancer and Cervical Treatment and Prevention Act'' (P.L. 106–354). The legislation would improve the coverage of breast and cervical cancer treatment for American Indian and Alaska Native women.

The Breast and Cervical Cancer Treatment Act, which Congress passed last year, gives states the option to extend coverage to certain women who have been screened by programs operated under title XV of the Public Health Service Act (the National Breast and Cervical Cancer Early Detection program) and who have no ''creditable coverage.'' The term ''creditable coverage'' was established by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Under the HIPAA definition, creditable coverage includes a reference to the medical care program of the Indian Health Service (IHS). In short, the reference to ''creditable coverage'' in the law effectively excludes Native American women from receiving Medicaid breast and cervical cancer treatment as provided for under this act.

The Native American health reference to IHS/tribal care was originally included in HIPAA so that members of Indian tribes eligible for IHS would not be treated as having a break in coverage (and thus subject to pre-existing exclusions and waiting periods when seeking health insurance) simply because they had received care through Indian health programs, rather than through a conventional health insurance program. Thus, in the HIPAA context, the inclusion of the IHS/tribal provision was intended to benefit American Indians and Alaska Natives, not penalize them.

However, use of the HIPAA definition in the recent ''Breast and Cervical Cancer Treatment and Prevention Act'' has the exact opposite effect. In fact, the many Indian women who rely on IHS/tribal programs for basic health care are excluded form the new law's eligibility for Medicaid.

Not only does the definition deny coverage to Indian women, but the provision also runs counter to the general Medicaid rule treating IHS facilities as full Medicaid providers.

This legislation would resolve these problems by clarifying that, for purposes of the ''Breast and Cervical Cancer Prevention and Treatment Act,'' the term ''creditable coverage'' shall not include IHS-funded care so that American Indian and Alaska Native women can be covered by Medicaid for breast and cervical cancer treatment.

Since a number of States are currently moving forward to provide Medicaid coverage under the state option, the need of this legislation is immediate to ensure that American Indian and Alaska Native women are not denied life-saving breast and cervical cancer treatment.

I urge my colleagues to vote yes on the Native American Breast and Cervical Cancer Treatment Technical Amendment Act that is critically important to many American Indian and Native Alaskan Women.

Mr. DINGELL. Mr. Speaker, I rise today in support of the Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2001. While this bill is technical in nature, it offers real benefits to low-income Native American women who are diagnosed with breast or cervical cancer.

The bill makes a technical correction to legislation that Congress enacted last year, the Breast and Cervical Cancer Treatment and Prevention Act. Last year's legislation allowed States, at their option, to cover low-income women diagnosed with breast or cervical cancer through the Centers for Disease Control and Prevention screening program under Medicaid. The bill, however, inadvertently excluded Native American women from receiving assistance under this option due to an underlying definition of ''creditable coverage'' intended to protect Native Americans receiving health services through Indian Health Services in the context of the Health Insurance Portability and Accountability Act. Unfortunately, in this instance, the definition had the effect of excluding Native American women from coverage rather than protecting them. The legislation before us today will resolve this problem by clarifying the term ''creditable coverage.''

While Native American and Alaskan Native women have a higher incidence of breast and cervical cancer than the U.S. population generally, the exclusion from the new Medicaid coverage option leaves Native American women with fewer resources to fight their breast and cervical cancer. This legislation needs quick enactment to ensure that Native American and Alaskan Native women receive this needed assistance.

The Senate already passed this legislation by unanimous consent. This bill is supported by the American College of Obstetricians and Gynecologists and American Cancer Society among others. I am pleased that the House will address this very important issue this year.

I wish to extend my appreciation and recognition as well to my colleagues on both sides of the aisle who have worked on this issue, including the lead sponsor Representative TOM UDALL. I also want to commend Representative ANNA ESHOO, who worked tirelessly last year to make this State option under Medicaid a reality. I urge my colleagues to join me in supporting this bill.

Mr. GILLMOR. Mr. Speaker, I yield back the balance of my time.

□ 0500

The SPEAKER pro tempore (Mr. SHIMKUS). The question is on the motion offered by the gentleman from Ohio (Mr. GILLMOR) that the House suspend the rules and pass the Senate bill, S. 1741.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the Senate bill was passed.

A motion to reconsider was laid on the table.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. HASTINGS of Florida (at the request of Mr. GEPHARDT) for today and the balance of the week on account of personal reasons.

Mr. LUTHER (at the request of Mr. GEPHARDT) for today on account of family matters.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

The following Members (at the request of Mr. PALLONE) to revise and extend their remarks and include extraneous material:

Mr. MASCARA, for 5 minutes, today.

Ms. BERKLEY, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. PALLONE, for 5 minutes, today.

Mr. HOLT, for 5 minutes, today.

Ms. NORTON, for 5 minutes, today.

Mrs. CLAYTON, for 5 minutes, today.

Ms. MILLENDER-MCDONALD, for 5 minutes, today.

Mr. HOYER, for 5 minutes, today.

Ms. JACKSON-LEE, for 5 minutes, today.

SENATE JOINT RESOLUTION AND CONCURRENT RESOLUTION REFERRED

A joint resolution and a concurrent resolution of the Senate of the following titles were taken from the Speaker's table and, under the rule, referred as follows:

S.J. Res. 13. Joint resolution conferring honorary citizenship of the United States on Paul Yves Roch Gilbert du Motier, also known as the Marquis de Lafayette; to the Committee on the Judiciary.

S. Con. Res. 80. Concurrent resolution expressing the sense of Congress regarding the 30th anniversary of the enactment of the Federal Water Pollution Control Act; to the Committee on Transportation and Infrastructure.

BILLS PRESENTED TO THE PRESIDENT

Jeff Trandahl, Clerk of the House reports that on December 18, 2001 he presented to the President of the United States, for his approval, the following bills.

H.R. 483. Regarding the use of the trust land and resources of the Confederated Tribes of the Warm Springs Reservation of Oregon.

H.R. 1291. To amend title 38, United States Code, to modify and improve authorities relating to education benefits, compensation and pension benefits, housing benefits, burial benefits, and vocational rehabilitation benefits for veterans, to modify certain authorities relating to the United States Court of Appeals for Veterans Claims, and for other purposes.

H.R. 2559. To amend chapter 90 of title 5, United States Code, relating to Federal long-term care insurance.

H.R. 2883. To authorize appropriations for fiscal year 2002 for intelligence and intelligence related activities of the United States Government, the Community Management Account, and the Central Intelligence Agency Retirement and Disability System, and for other purposes.

H.R. 3323. To ensure that covered entities comply with the standards for electronic health care transactions and code sets adopted under part C of title XI of the Social Security Act, and for other purposes.

H.R. 3442. To establish the National Museum of African American History and Culture Plan for Action Presidential Commission to develop a plan of action for the establishment and maintenance of the National Museum of African American History and Culture in Washington, D.C., and for other purposes.

ADJOURNMENT

Mr. GILLMOR. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 5 o'clock and 1 minute a.m.), the House adjourned until today, Thursday, December 20, 2001, at 10 a.m.

OATH OF OFFICE MEMBERS, RESIDENT COMMISSIONER, AND DELEGATES

The oath of office required by the sixth article of the Constitution of the United States, and as provided by section 2 of the act of May 13, 1884 (23 Stat.22), to be administered to Members, Resident Commissioner, and Delegates of the House of Representatives, the text of which is carried in 5 U.S.C. 3331:

> ''I, AB, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will sell and faithfully discharge the duties of the office on which I am about to enter. So help me God.''

has been subscribed to in person and filed in duplicate with the Clerk of the House of Representatives by the following Member of the 107th Congress, pursuant to the provisions of 2 U.S.C. 25:

Honorable JOE WILSON, 2nd South Carolina.